

U.S. Department of Justice  
United States Marshal Service

JUDGE ZOUHARY

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Franklin E Long

DEFENDANT

Midland Credit Management, Inc.

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Midland Credit Management, Inc. c/o Corporation Service Company, Resident Agent

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

200 S.W. 30th Street, Topeka, KS 66611

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Frank Long  
461 W Lytle St #130  
Fostoria OH 44830

Number of process to be  
served with this Form 285

Number of parties to be  
served in this case

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Midland Credit Management, Inc. c/o Robin R Pruitt, Agent  
8875 Aero Drive, Suite 200  
San Diego, CA 92123  
800-825-8131

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

567-245-0079

DATE

4/20/09

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process  
1

District of  
Origin  
No. 60

District to  
Serve  
No. 60

Signature of Authorized USMS Deputy or Clerk

Date

7/13/09

I hereby certify and return that ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date  
7/16/09

Time  
12:00

☐ am  
☒ pm

Signature of U.S. Marshal or Deputy

Service Fee

\$8.00

Total Mileage Charges  
including endeavors

—

Forwarding Fee

—

Total Charges

\$8.00

Advance Deposits

—

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

\$8.00

REMARKS:

Cert. mail

**UNIT-COPIES**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

CLERK U.S. DIST  
NORTHERN DIST  
TOLEDO  
2009 JUL 21  
9:59

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here  
 7/13

Sent To: Midland Credit Management  
 Street, Apt. No., or PO Box No. 200 S.W. 30th St  
 City, State, ZIP+4® Topeka, KS 66601

PS Form 3800, August 2005 See Reverse for Instructions

7008 1140 0004 0179 0840

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <u>T BURNS</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>T Burns</u> C. Date of Delivery <u>7/16/09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:  <u>Midland Credit Mngmnt, Inc</u>  <u>40 Corp. Service Company,</u>  <u>Resident Agent</u>  <u>200 S.W. 30th St.</u>  <u>Topeka, KS 66601</u>  <u>3:09CV00915</u></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. At 7008 1140 0004 0179 0840          (Transfer from Service Label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540